

Outpatient Facility Comments, 202010.txt

General Comments on 2nd Quarter 2010 Data

The following general comments about the data for this quarter are made by THCIC and apply to all data released for this quarter.

- Data are administrative data, collected for billing purposes, not clinical data.
- Data are submitted in a standard government format, the 837 format used for submitting billing data to payers. State specifications require the submission of additional data elements. These data elements include race and ethnicity. Because these data elements are not sent to payers and may not be part of the facility's standard data collection process, there may be an increase in the error rate for these elements.
- Facilities are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information may be collected subjectively and may not be accurate.
- Facilities are required to submit data within 60 days after the close of a calendar quarter (facility data submission vendor deadlines may be sooner). Depending on facilities' collection and billing cycles, not all services may have been billed or reported. Therefore, data for each quarter may not be complete. This can affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.
- Conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by facilities as their best effort to meet statutory requirements.

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PROVIDER: Matagorda Regional Medical Center
THCIC ID: 006000
QUARTER: 2
YEAR: 2010

Certified With Comments

The data included in this file is administrative, not clinical research data. Administrative data may not accurately represent the clinical details of a patient visit. This data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Good Shepherd Medical Center-Marshall
THCIC ID: 020000
QUARTER: 2
YEAR: 2010

Certified With Comments

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents

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administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Baylor Medical Center-Garland
THCIC ID: 027000
QUARTER: 2
YEAR: 2010

Certified With Comments

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Baylor Medical Center at Carrollton
THCIC ID: 042000
QUARTER: 2
YEAR: 2010

Certified With Comments

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PROVIDER: Huguley Memorial Medical Center
THCIC ID: 047000
QUARTER: 2
YEAR: 2010

Certified With Comments

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of March 1, 2011. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

The State requires us to submit a snapshot of billed claims, extracted from our database approximately 20 days following the close of the calendar year quarter. Any discharged patient encounters not billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly.

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using ICD-9-CM and CPT. This is mandated by the federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-9-CM and CPT is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore mortality ratios may be accurate for reporting standards but overstated.

Physician

While the hospital documents many treating physicians for each case, the THCIC minimum data set has only (2) physician fields, Attending and Operating Physicians. Many physicians provide care to patients throughout a hospital stay. Consulting physicians may prescribe and treat patients on behalf of the physician listed as the Attending. "Other" physician case volumes, mortality, case costs and LOS, will frequently be inaccurate because of this limitation. Analysis of "Other physician" information should, therefore, take into consideration that a significant portion of treating physicians are excluded from the patient cases.

Given the current certification software, there is not an efficient mechanism to edit and correct the data. In addition, due to hospital volumes, it is not feasible to perform encounter level audits and edits. To meet the state's mandates to submit hospital Outpatient visits with specific procedures, Huguley underwent a major program conversion to the HCFA 837 EDI electronic claim format. All known errors have been corrected to the best of our knowledge. Within the constraints of the current THCIC process, the data is certified to the best of our knowledge as accurate and complete given the above comments.

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PROVIDER: St Lukes Episcopal Hospital
THCIC ID: 118000
QUARTER: 2
YEAR: 2010

Certified With Comments

The data reports for Quarter 2, 2010 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the heart's ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using registrations and billing data.

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PROVIDER: Memorial Hermann Southeast Hospital
THCIC ID: 119000
QUARTER: 2
YEAR: 2010

Certified With Comments

1) Some of our patients have a length of stay of up to 30 days because they are recurring out patients.....they are receiving ongoing treatment of some kind and so they are set up to receive only one comprehensive bill per 30 days. If one of the THCIC outpatient revenue codes is included in their services during the month, then the patient is included in the submission and the patient has a length of stay up to 30 days.

2) Because specialty room and treatment room revenue codes are included in the THCIC revenue list, patients are included in the submission that have one of these revenue codes but may be neither an ambulatory surgery or radiology patient.

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PROVIDER: Fort Worth Surgery Center
THCIC ID: 121001
QUARTER: 2
YEAR: 2010

Certified With Comments

AFTER CERTIFICATION IT WAS NOTED THAT THE RACE HAD NOT BEEN LOADED CORRECTLY IN OUR SYSTEM. THE SYSTEM REFLECTS THAT WE HAVE DONE A LARGE AMERICAN INDIAN/ESKIMO POPULATION INSTEAD OF WHITE. WE HAVE TAKEN STEPS TO RE-MAP AND CORRECT THE

SITUATION. WHEN REVIEWING THE DATA FOR 1ST QUARTER PLEASE DO NOT USE THE RACE STATISTICS.

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PROVIDER: University Medical Center
THCIC ID: 145000
QUARTER: 2
YEAR: 2010

Certified With Comments

This data represents accurate information at the time of certification. Subsequent changes may continue to occur that will not be reflected in this published dataset.

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PROVIDER: TIRR Memorial Hermann
THCIC ID: 164000
QUARTER: 2
YEAR: 2010

Certified With Comments

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PROVIDER: Memorial Hermann Northwest Hospital
THCIC ID: 172000
QUARTER: 2
YEAR: 2010

Certified With Comments

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PROVIDER: Texas Health Harris Methodist HEB
THCIC ID: 182000
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

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If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Harris Methodist Hospital -Fort Worth
THCIC ID: 235000
QUARTER: 2
YEAR: 2010

Certified With Comments

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PROVIDER: Texas Health Harris Methodist Hospital -Stephenville
THCIC ID: 256000
QUARTER: 2
YEAR: 2010

Certified With Comments

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PROVIDER: The University Medical Center of El Paso
THCIC ID: 263000
QUARTER: 2
YEAR: 2010

Certified With Comments

In this database only one primary physician is allowed. This represents the physician at discharge in this institution. At an academic medical center such as

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University Medical Center of El Paso, patients are cared for by teams of physicians who rotate at varying intervals. Therefore, many patients, particularly long term patients may actually be managed by several different teams. The practice of attributing patient outcomes in the database to a single physician may result in inaccurate information. Through our Performance Improvement process, we review the data and strive to make changes to result in improvement.

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PROVIDER: Baylor Medical Center-Waxahachie
THCIC ID: 285000
QUARTER: 2
YEAR: 2010

Certified With Comments

CERTIFIED WITH COMMENTS

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PROVIDER: Wilson N Jones Medical Center
THCIC ID: 297000
QUARTER: 2
YEAR: 2010

Certified With Comments

THCIC is not taking into consideration the way hospitals bill outpatient data. All payors are allowing the billing of claims to be submitted this way without a claim(s) rejecting. The edit that THCIC has implemented isnt working correctly. Also, the THCIC reference tables need to be updated with correct versions.

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PROVIDER: North Texas Medical Center
THCIC ID: 298000
QUARTER: 2

YEAR: 2010

Elected Not to Certify

Data verified/corrected to the best of our ability to state guidelines.

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PROVIDER: Baylor Medical Center-Irving
THCIC ID: 300000
QUARTER: 2
YEAR: 2010

Certified With Comments

CERTIFIED WITH COMMENTS

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PROVIDER: Texas Health Presbyterian Hospital -Kaufman
THCIC ID: 303000
QUARTER: 2
YEAR: 2010

Certified With Comments

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne
THCIC ID: 323000
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

Outpatient Facility Comments, 202010.txt

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

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The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Bayl or University Medical Center
THCIC ID: 331000
QUARTER: 2
YEAR: 2010

Outpatient Facility Comments, 202010.txt

Certified With Comments

Baylor Medical Center at BUMC OUTPATIENT DATA
THCIC ID: 331000
QUARTER: 2
YEAR: 2010

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000
QUARTER: 2
YEAR: 2010

Certified With Comments

Cook Children's Medical Center has submitted and certified 2nd QUARTER 2010 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

Since our data was submitted to the State we have uncovered medical coding errors regarding the following patient conditions in 2005 discharges:

Post-operative infections
Accidental puncture and lacerations
Post-operative wound dehiscence
Post-operative hemorrhage and hematoma
Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the 2nd QUARTER OF 2010.

Patient charges that were accrued before admit or after discharge were systematically excluded from the database. This can happen when a patient is pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are discharged. Therefore, the charges for many patient encounters

are under reported.

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single 'operating physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

Furthermore, the data structure established by THCIC allows for a limited number of diagnoses and procedures. Patients with more than the limit for diagnoses or procedures will be missing information from the database. This is especially true in complex cases where a patient has multiple major illnesses and multiple surgeries over an extended stay.

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PROVIDER: University Medical Center-Brackenridge
THCIC ID: 335000
QUARTER: 2
YEAR: 2010

Certified With Comments

As the public teaching hospital in Austin and Travis County, University Medical Center Brackenridge (UMCB) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease.

UMCB has a perinatal program that serves a population that includes mothers with late or no prenatal care. It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates.

As the Regional Trauma Center, UMCB serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers.

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

Outpatient Facility Comments, 202010.txt

These data are submitted by the hospital as their best effort to meet statutory requirements.

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PROVIDER: Memorial Hermann Hospital
THCIC ID: 347000
QUARTER: 2
YEAR: 2010

Certified With Comments

1) Some of our patients have a length of stay of up to 30 days because they are recurring out patients.....they are receiving ongoing treatment of some kind and so they are set up to receive only one comprehensive bill per 30 days. If one of the THCIC outpatient revenue codes is included in their services during the month, then the patient is included in the submission and the patient has a length of stay up to 30 days.

2) Because specialty room and treatment room revenue codes are included in the THCIC revenue list, patients are included in the submission that have one of these revenue codes but may be neither an ambulatory surgery or radiology patient.

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PROVIDER: Baylor All Saints Medical Center-Fort Worth
THCIC ID: 363000
QUARTER: 2
YEAR: 2010

Certified With Comments

Baylor Medical Center at ASFW OUTPATIENT DATA
THCIC ID: 363000
QUARTER: 2
YEAR: 2010

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data.
Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions

Outpatient Facility Comments, 202010.txt

that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Baylor Medical Center-Southwest Fort Worth
THCIC ID: 363001
QUARTER: 2
YEAR: 2010

Certified With Comments

Baylor Medical Center at SWFW OUTPATIENT DATA
THCIC ID: 363001
QUARTER: 2
YEAR: 2010

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data. Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Memorial Hermann Southwest Hospital
THCIC ID: 407000
QUARTER: 2
YEAR: 2010

Certified With Comments

1) Some of our patients have a length of stay of up to 30 days because they are recurring out patients.....they are receiving ongoing treatment of some kind and so they are set up to receive only one comprehensive bill per 30 days. If one of the THCIC outpatient revenue codes is included in their services during the month, then the patient is included in the submission and the patient has a length of stay up to 30 days.

Outpatient Facility Comments, 202010.txt

2) Because specialty room and treatment room revenue codes are included in the THCIC revenue list, patients are included in the submission that have one of these revenue codes but may be neither an ambulatory surgery or radiology patient.

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PROVIDER: John Peter Smith Hospital
THCIC ID: 409000
QUARTER: 2
YEAR: 2010

Certified With Comments

JPS Health Network
Comments on THCIC Data Submission
For
2nd quarter 2010

Introduction

John Peter Smith Hospital (JPSH) is operated by the JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital.

JPSH was the first Texas Department of Health certified Level II Trauma Center in Tarrant County and includes the only 24-hour, seven-day a week psychiatric emergency center in the area. The hospital's special services include intensive care for adults and newborns, a special AIDS treatment center, a skilled nursing unit, a full-range of obstetrical and gynecological services, inpatient care for patients of all ages and an inpatient mental health treatment facility.

JPSH is a major teaching hospital offering or providing through co-operative arrangements postdoctoral training in family medicine, orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine and podiatry.

In addition to JPSH, the JPS Health Network operates community-based health centers located in medically underserved areas of Tarrant County, school-based health centers, special outpatient programs for pregnant women and a wide range of wellness education programs.

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PROVIDER: Texas Health Arlington Memorial Hospital
THCIC ID: 422000
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data

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places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a

facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: Texas Health Presbyterian Hospital Dallas
THCIC ID: 431000
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

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The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

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PROVIDER: DeTar Hospital -Navarro
THCIC ID: 453000

Outpatient Facility Comments, 202010.txt

QUARTER: 2
YEAR: 2010

Certified With Comments

The DeTar Healthcare System includes two full-service hospitals: DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital North located at 101 Medical Drive. Both acute care hospitals are in Victoria, Texas. The system also includes a Skilled Nursing Unit; two Emergency Departments with Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; DeTar Health Center; a comprehensive Cardiology Program including Cardiothoracic Surgery; Certified Chest Pain Center; Inpatient and Outpatient Rehabilitation Centers; DeTar SeniorCare Center; Senior Circle; Primary Stroke Center; and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: DeTar Hospital -North
THCIC ID: 453001
QUARTER: 2
YEAR: 2010

Certified With Comments

The DeTar Healthcare System includes two full-service hospitals: DeTar Hospital Navarro located at 506 E. San Antonio Street and DeTar Hospital North located at 101 Medical Drive. Both acute care hospitals are in Victoria, Texas. The system also includes a Skilled Nursing Unit; two Emergency Departments with Level III Trauma Designation at DeTar Hospital Navarro and Level IV Trauma Designation at DeTar Hospital North; DeTar Health Center; a comprehensive Cardiology Program including Cardiothoracic Surgery; Certified Chest Pain Center; Inpatient and Outpatient Rehabilitation Centers; DeTar SeniorCare Center; Senior Circle; Primary Stroke Center; and a free Physician Referral Call Center. To learn more, please visit our website at www.detar.com.

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PROVIDER: Texas Health Harris Methodist Hospital Azle
THCIC ID: 469000
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

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Outpatient Facility Comments, 202010.txt

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Length of Stay

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PROVIDER: Parkland Memorial Hospital
THCIC ID: 474000
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with comments

Parkland Health & Hospital System comprises a network of neighborhood-based health centers and Parkland Memorial Hospital, which was established in 1894. The Parkland System is a \$995 million enterprise that is licensed for 968 beds and employs approximately 8,144 staff. Approximately 71,373 patients received outpatient care in the clinics (both on campus and in the neighborhood-based health centers) this quarter.

Specific Data Concerns

As in other large academic medical centers, teams of physicians rotating at intervals care for patients. The THCIC dataset allows only one primary physician to be assigned to the patient for the entire inpatient stay. In our institution, this represents the physician caring for the patient at the time of discharge. Many patients, particularly long-term care patients are actually managed by as many as three to four different teams and attending physicians. For this reason, the practice of attributing patient outcomes to the report card of a single physician may result in misleading information.

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PROVIDER: Seton Medical Center
THCIC ID: 497000
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with comments

Seton Medical Center Austin has a transplant program and Neonatal Intensive Care Unit (NICU). Hospitals with transplant programs generally serve a more seriously ill patient, increasing costs and mortality rates. The NICU serves very seriously ill infants substantially increasing cost, lengths of stay and mortality rates. As a regional referral center and tertiary care hospital for cardiac and critical care services, Seton Medical Center Austin receives numerous transfers from hospitals not able to serve a more complex mix of patients. This increased patient complexity may lead to longer lengths of stay, higher costs and increased mortality.

All physician license numbers and names have been validated with the Physician

Outpatient Facility Comments, 202010.txt
and the Texas State Board of Medical Examiner website as accurate but
some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet
statutory requirements.

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PROVIDER: Memorial Hermann Katy Hospital
THCIC ID: 534001
QUARTER: 2
YEAR: 2010

Certified With Comments

1) Some of our patients have a length of stay of up to 30 days because they
are recurring out patients. . . . they are receiving ongoing treatment of some
kind and so they are set up to receive only one comprehensive bill per 30 days.
If one of the THCIC outpatient revenue codes is included in their services
during the month, then the patient is included in the submission and the patient
has a length of stay up to 30 days.

2) Because specialty room and treatment room revenue codes are included
in the THCIC revenue list, patients are included in the submission that have one
of these revenue codes but may be neither an ambulatory surgery or radiology
patient.

=====

PROVIDER: Methodist Richardson Medical Center
THCIC ID: 549000
QUARTER: 2
YEAR: 2010

Certified With Comments

Signed off 11-29-10 by Ken Hutchenri der, FACHE, President

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PROVIDER: Bush Renner
THCIC ID: 549001
QUARTER: 2
YEAR: 2010

Certified With Comments

Signed off 112910 by Ken Hutchenri der FACHE President TPM

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PROVIDER: Seton Highl and Lakes
THCIC ID: 559000
QUARTER: 2
YEAR: 2010

Certified With Comments

Seton Highl and Lakes, a member of the Seton Family of Hospitals, is a
25-bed acute care facility located between Burnet and Marble Falls on
Highway 281. The hospital offers 24-hour Emergency services, plus comprehensive

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diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county.

This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program.

=====

PROVIDER: Seton Edgar B Davis Hospital
THCIC ID: 597000
QUARTER: 2
YEAR: 2010

Certified With Comments

Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general acute care; 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties.

Seton Edgar B. Davis offers health education and wellness programs. In addition, specialists offer a number of outpatient specialty clinics providing area residents local access to the services of medical specialists. Seton Edgar B. Davis is located at 130 Hays St. in Luling, Texas. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access program.

All physician national provider identifiers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Round Rock Medical Center
THCIC ID: 608000
QUARTER: 2
YEAR: 2010

Certified With Comments

- Inpatient discharge data have been collected from claims data. The data are used for billing purposes and are not clinical data. Due to the diversity of healthcare organizations and data collecting practices throughout Texas, there are inherent limitations on comparing outcomes.
- The public data file does not contain all the diagnosis and procedure codes. This will affect the volume of procedures, the severity adjustment and mortality rates.
- The data reflect only those patients admitted to a hospital during the year and are aggregated, not trended. Data over time are needed for a more accurate assessment of the health care facilities performance.
- THCIC has excluded data when five or fewer patients had a procedure and did not perform statistical analysis when there were fewer than 30 patients.
- Race/Ethnicity classification is not done systematically within or between facilities. Caution should be used when analyzing this data within one facility and between facilities.

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PROVIDER: Memorial Hermann Sugar Land
THCIC ID: 609001
QUARTER: 2
YEAR: 2010

Certified With Comments

1) Some of our patients have a length of stay of up to 30 days because they are recurring out patients. . . . they are receiving ongoing treatment of some kind and so they are set up to receive only one comprehensive bill per 30 days. If one of the THCIC outpatient revenue codes is included in their services during the month, then the patient is included in the submission and the patient has a length of stay up to 30 days.

2) Because specialty room and treatment room revenue codes are included in the THCIC revenue list, patients are included in the submission that have one of these revenue codes but may be neither an ambulatory surgery or radiology patient.

=====

PROVIDER: Memorial Hermann The Woodlands Hospital
THCIC ID: 615000
QUARTER: 2
YEAR: 2010

Certified With Comments

1) Some of our patients have a length of stay of up to 30 days because they are recurring out patients. . . . they are receiving ongoing treatment of some kind and so they are set up to receive only one comprehensive bill per 30 days. If one of the THCIC outpatient revenue codes is included in their services during the month, then the patient is included in the submission and the patient has a length of stay up to 30 days.

2) Because specialty room and treatment room revenue codes are included in the THCIC revenue list, patients are included in the submission that have one of these revenue codes but may be neither an ambulatory surgery or radiology patient.

=====

PROVIDER: Texas Health Harris Methodist Hospital -Southwest
THCIC ID: 627000
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI

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electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and

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ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====
PROVIDER: Texas Health Presbyterian Hospital -Plano
THCIC ID: 664000
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain

an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

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PROVIDER: HEALTHSOUTH Plano Rehab Hospital
THCIC ID: 670000
QUARTER: 2
YEAR: 2010

Certified With Comments

Results may not be 100% accurate.

=====

PROVIDER: Surgery Specialty Hospitals of America-Southeast Houston
THCIC ID: 694100
QUARTER: 2
YEAR: 2010

Certified With Comments

In this Quarter we were showing \$20,674.00 more than we should this was due to an incorrect discharge date on a patient that did not actually discharge in this Quarter.

=====

PROVIDER: Corpus Christi Medical Center-Bay Area
THCIC ID: 703000
QUARTER: 2
YEAR: 2010

Certified With Comments

The summary numbers under the caption "Severity Index" are not calculated using the same system used by the Corpus Christi Medical Center, therefore, the accuracy of these numbers cannot be verified.

Corpus Christi Medical Center maintains that under Non-Standard source of payment, accounts that are summarized as missing/invalid are neither missing nor invalid, but are accounts that are not required to be additionally categorized and should be listed as "blank" or "not-applicable".

Consolidation efforts for all women's and OB services to be located at Corpus Christi Medical Center's Women's Center at Bay Area were completed in May 2005.

=====

PROVIDER: Corpus Christi Medical Center-Doctors Regional
THCIC ID: 703002
QUARTER: 2
YEAR: 2010

Certified With Comments

The summary numbers under the caption "Severity Index" are not calculated using the same system used by the Corpus Christi Medical Center, therefore, the accuracy of these numbers cannot be verified.

Corpus Christi Medical Center maintains that under Non-Standard source of payment, accounts that are summarized as missing/invalid are neither missing nor invalid, but are accounts that are not required to be additionally categorized and should be listed as "blank" or "not-applicable".

Consolidation efforts for all women's and OB services to be located at Corpus Christi Medical Center's Women's Center at Bay Area were completed in May 2005.

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PROVIDER: Corpus Christi Medical Center-Heart Hospital
THCIC ID: 703003
QUARTER: 2
YEAR: 2010

Certified With Comments

The summary numbers under the caption "Severity Index" are not calculated using the same system used by the Corpus Christi Medical Center, therefore, the accuracy of these numbers cannot be verified.

Corpus Christi Medical Center maintains that under Non-Standard source of payment, accounts that are summarized as missing/invalid are neither missing nor invalid, but are accounts that are not required to be additionally categorized and should be listed as "blank" or "not-applicable".

=====

PROVIDER: Corpus Christi Medical Center-Northwest
THCIC ID: 704004
QUARTER: 2
YEAR: 2010

Certified With Comments

The summary numbers under the caption "Severity Index" are not calculated using the same system used by the Corpus Christi Medical Center, therefore, the accuracy of these numbers cannot be verified.

Corpus Christi Medical Center maintains that under Non-Standard source of payment, accounts that are summarized as missing/invalid are neither missing nor invalid, but are accounts that are not required to be additionally categorized and should be listed as "blank" or "not-applicable".

=====

PROVIDER: Ennis Regional Medical Center
THCIC ID: 714500
QUARTER: 2
YEAR: 2010

Certified With Comments

Due to technical issues, some data fields may contain errors.

=====

PROVIDER: Texas Health Presbyterian Hospital Allen
THCIC ID: 724200
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive

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outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnosis codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THIC requirement. Our admissions staff indicates that many

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patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Methodist Willowbrook Hospital
THCIC ID: 724700
QUARTER: 2
YEAR: 2010

Certified With Comments

The 2010-Q2 Outpatient Data is understated by 684 records which errored out incorrectly and failed to be submitted.

=====

PROVIDER: CHRISTUS St Michael Health System
THCIC ID: 788001
QUARTER: 2
YEAR: 2010

Certified With Comments

To the best of my knowledge, I certify this information.

=====

PROVIDER: LifeCare Hospital -Piano
THCIC ID: 789800
QUARTER: 2
YEAR: 2010

Certified With Comments

Unable to replicate data to confirm.

Cheryl Carse, RN, MSN
Director Quality Management
LifeCare Hospital of Piano
214-473-3605
cheryl.carse@lifecare-hospital.com

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PROVIDER: St Lukes Community Medical Center-The Woodlands
THCIC ID: 793100
QUARTER: 2
YEAR: 2010

Certified With Comments

The data reports for Quarter 2, 2010 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using registrations and billing data.

=====

PROVIDER: Seton Southwest Hospital
THCIC ID: 797500
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Seton Northwest Hospital
THCIC ID: 797600
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

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PROVIDER: Irving Coppel Surgical Hospital
THCIC ID: 799500
QUARTER: 2
YEAR: 2010

Certified With Comments

The duplicates are dual procedures for that day. The duplicates are legitimate.

=====

PROVIDER: Lubbock Heart Hospital
THCIC ID: 801500
QUARTER: 2
YEAR: 2010

Elected Not to Certify

This information is so voluminous that I cannot accurately assess the information with 100% accuracy.

=====

PROVIDER: Baylor Regional Medical Center-Plano
THCIC ID: 814001
QUARTER: 2
YEAR: 2010

Certified With Comments

CERTIFIED WITH COMMENTS

Due to the sheer volume of OP data, we have limited resources as a hospital to analyze the data. Regarding the mandate to communicate the Certification reports to physicians The State does not offer a secure mechanism for us to communicate other than the hard copy reports. At this time, we as a hospital are moving to limit or eliminate paper distribution and we do not have an internal system to communicate to all physicians feasibly.

Quality Trending of data over a few years is important to define outcome and quality. A small sampling of data (i.e. one year) does not explain outcome.

We recommend the Patient communicate with the Hospital and the Physician regarding data. Patient and physician preference contributes to the care rendered to the patient and the data does not always reflect this.

Patients and physicians consider many factors when making health care decisions that are not available in administrative data. These include a patients preference for life-sustaining treatments, functional status, and other factors.

We support the Patient, Provider, and Payer and empowered, educated decision-making. Quality improvement is not new; it is an on-going commitment.

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PROVIDER: Texas Health Presbyterian Hospital -Denton
THCIC ID: 820800
QUARTER: 2
YEAR: 2010

Certified With Comments

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit outpatient claims for patients that receive outpatient surgical or radiological services, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is over and above the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular outpatient hospital stay are coded by the hospital using a universal standard called the International Classification of Disease (ICD 9 CM) and Current Procedural Terminology Codes (CPT Codes). This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes; however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An apples to apples comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission, or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-9-CM / CPT data on each outpatient receiving surgical or radiological services, but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the

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data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned.

Length of Stay

The length of stay data element contained in the states certification file is only three characters long. Thus any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both HMO, and PPO are categorized as Commercial PPO. Thus any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

=====

PROVIDER: Methodist Sugar Land Hospital
THCIC ID: 823000
QUARTER: 2
YEAR: 2010

Certified With Comments

The 2010-Q2 Outpatient Data is understated by 517 records, which errored out incorrectly and failed to be submitted.

=====

PROVIDER: University General Hospital
THCIC ID: 840200
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with errors.

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PROVIDER: Memorial Hermann Northeast
THCIC ID: 847100
QUARTER: 2
YEAR: 2010

Certified With Comments

- 1) Some of our patients have a length of stay of up to 30 days
> because they are recurring out patients..... they are receiving
> ongoing treatment of some kind and so they are set up to receive only
> one comprehensive bill per 30 days. If one of the THCIC outpatient
> revenue codes is included in their services during the month, then the
> patient is included in the submission and the patient has a length of
> stay up to 30 days.
>
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2) Because specialty room and treatment room revenue codes are
> included in the THCIC revenue list, patients are included in the
> submission that have one of these revenue codes but may be neither an
> ambulatory surgery or radiology patient.

=====

PROVIDER: Dell Childrens Medical Center
THCIC ID: 852000
QUARTER: 2
YEAR: 2010

Certified With Comments

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which increases the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves very seriously ill infants, which substantially increases costs of care, lengths of stay and mortality rates.

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: Seton Medical Center Williamson
THCIC ID: 861700
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet

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statutory requirements.

=====

PROVIDER: TrustPoint Hospital
THCIC ID: 865800
QUARTER: 2
YEAR: 2010

Elected Not to Certify

DATA HAS "FACE VALIDITY" BUT FORMAL LINE-BY-LINE HAS NOT BEEN COMPLETED.

=====

PROVIDER: St Lukes Sugar Land Hospital
THCIC ID: 869700
QUARTER: 2
YEAR: 2010

Certified With Comments

The data reports for Quarter 2, 2010 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using registrations and billing data.

=====

PROVIDER: Coastal Bend Ambulatory Surgical Center
THCIC ID: 147001
QUARTER: 2
YEAR: 2010

Certified With Comments

Reports indicate services provided to patients less than 1 year old. This information is due to data entry error as this facility does not provide services to children.

=====

PROVIDER: Elm Place Ambulatory Surgical Center
THCIC ID: 166000
QUARTER: 2
YEAR: 2010

Elected Not to Certify

We do not certify this data as there continues to be discontinuities between the
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accuracy of particular CPT and ICD-9 codes and the inability to enter charges for specific procedures within one surgical intervention. The total charge for a patient when there are multiple procedures is not indicated in the charges analysis.

=====

PROVIDER: Howerton Surgical Center
THCIC ID: 233000
QUARTER: 2
YEAR: 2010

Certified With Comments

EVENTS ENTERED

=====

PROVIDER: Heritage Surgery Center
THCIC ID: 253000
QUARTER: 2
YEAR: 2010

Certified With Comments

Selfpay patients that show error for lack of SS# were patients that did not report having such number .

=====

PROVIDER: South Austin Surgery Center
THCIC ID: 262001
QUARTER: 2
YEAR: 2010

Certified With Comments

We are still below our expected. We are trying to find out what the issue is. When we upload the quarterly report it shows me that we are submitting anywhere from 840 to 860 accounts but then when it comes time for the certification it shows very little account.

=====

PROVIDER: Bay Area Endoscopy Center
THCIC ID: 328000
QUARTER: 2
YEAR: 2010

Certified With Comments

Vendor software for submitting had errors. At this time we are unable to make corrections. The following changes have been made for future submissions.

- *Corrected format of data for foreign patients.
- *Corrected lack of provider info by reporting to THCIC specs
- *Improved detection of partial or invalid SSNs
- *Properly calculated total charges for Medicare patients by excluding charges that are not covered by Medicare
- *Excluded voided visits.

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PROVIDER: Associated Arthroscopy Institute
THCIC ID: 342000
QUARTER: 2
YEAR: 2010

Certified With Comments

Second quarter appears to be good. Thanks.

=====

PROVIDER: North Texas Surgery Center
THCIC ID: 354001
QUARTER: 2
YEAR: 2010

Certified With Comments

My report should be with no errors. The CPT code 0232T is a new procedure and should be corrected in the THCIC system to show no errors.

=====

PROVIDER: Central Texas Ambulatory Endoscopy Center
THCIC ID: 385001
QUARTER: 2
YEAR: 2010

Certified With Comments

The majority of the report is missing. It will be included in the 3rd Quarter data report.

=====

PROVIDER: Victoria Surgery Center
THCIC ID: 396003
QUARTER: 2
YEAR: 2010

Certified With Comments

To the best of our knowledge, this information is correct.

The PPO and Commercial insurances are not separated in our practice management system.

=====

PROVIDER: Amarillo Cataract & Eye Surgery Center
THCIC ID: 694600
QUARTER: 2
YEAR: 2010

Certified With Comments

This certification went a lot smoother. The patient info remained in the report when it was submitted this time. Due to our software, hopefully that has been corrected.

=====

PROVIDER: Texas Midwest Surgery Center

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THCIC ID: 718200
QUARTER: 2
YEAR: 2010

Certified With Comments

The information for 2nd qtr 2010 has been certified. There is an error in reporting due to our software. It shows 470 Medicare Part A patients but this should be Medicare Part B.

=====

PROVIDER: Doctors Surgical Center
THCIC ID: 721500
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified without comments.

=====

PROVIDER: Nacogdoches Surgery Center
THCIC ID: 723800
QUARTER: 2
YEAR: 2010

Certified With Comments

AS IS.

=====

PROVIDER: Surgery Center of Duncanville
THCIC ID: 724500
QUARTER: 2
YEAR: 2010

Certified With Comments

Surgery Center of Duncanville has incurred a change of ownership during this time.

=====

PROVIDER: Summit Ambulatory Surgery Center
THCIC ID: 725300
QUARTER: 2
YEAR: 2010

Certified With Comments

All data has been reviewed and is correct.
Please certify the data.
Thank you.

=====

PROVIDER: Good Shepherd Ambulatory Surgical Center
THCIC ID: 779200
QUARTER: 2
YEAR: 2010

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Certified With Comments

Discrepancy in data transmission of insurance fields due to software issues.

=====

PROVIDER: HEB Surgical Oncology Center
THCIC ID: 781700
QUARTER: 2
YEAR: 2010

Elected Not to Certify

IT system updated in October; previous data may be inaccurate.

=====

PROVIDER: Med Center Ambulatory Surgery
THCIC ID: 789700
QUARTER: 2
YEAR: 2010

Certified With Comments

Claim Filing Indicator code did not load correctly

=====

PROVIDER: Turtle Creek Surgery Center
THCIC ID: 805400
QUARTER: 2
YEAR: 2010

Certified With Comments

This data was entered by someone who no longer works here, Angie Loosley. Evidently, she got the email but didn't tell anyone that these were ready to certify. Ronnie Rowe said he didn't receive an email from you.

=====

PROVIDER: Pain Care of North Texas
THCIC ID: 809300
QUARTER: 2
YEAR: 2010

Certified With Comments

We originally had issues with proc codes for facets but that has since been corrected and I show no further errors.

=====

PROVIDER: Headache & Pain Ambulatory Surgery Center
THCIC ID: 809900
QUARTER: 2
YEAR: 2010

Certified With Comments

THCIC Report C01: Certification Summary
Patient age breakdown indicates that there was 1 patient less than 1 year old.

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This data was entered in error and there should be one more patient added to the 45-64 age range

THCIC Outpatient-Institutional Report C04: Top 30 Principal Diagnoses Q4 2009
Diagnosis code 7213 indicates that there was 1 patient Under 1. This data was entered in error and there should be a total of 103 patients listed in the 45-64 age range.

Frequency of Errors Report (Outpatient- Institutional)

Batch Information

Claims in error w/o race + ethnicity errors: indicates 1 patient was entered without their race and ethnicity noted.

Errors by Field

Patient country: 1 patient inadvertently did not have a country listed. The patient should have United States listed as their country.

=====

PROVIDER: Texas International Endoscopy Center
THCIC ID: 810001
QUARTER: 2
YEAR: 2010

Certified With Comments

Still in the process of implementing data collection process. Expected completion date 2/22/11.

=====

PROVIDER: Foundation West Houston Surgical Center
THCIC ID: 810500
QUARTER: 2
YEAR: 2010

Certified With Comments

the data has been reviewed to the best of our ability, current software did not accommodate insurance types correctly. we are working to correct this in future uploads. data certified for Chris Riedel. R.N administrator by Ann Elahi business office manager.

=====

PROVIDER: Baylor Ambulatory Endoscopy Center
THCIC ID: 813600
QUARTER: 2
YEAR: 2010

Certified With Comments

There were no event errors or warnings. Reports filed at 100% accuracy.

=====

PROVIDER: Spi necare
THCIC ID: 816900
QUARTER: 2
YEAR: 2010

Certified With Comments

THIS REPORT WAS GENERATED FROM THE FACILITY'S SCHEDULING AND BILLING SOFTWARE.

Outpatient Facility Comments, 202010.txt
WE CANNOT GUARANTEE ITS FULL ACCURACY.

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center Alamo Heights
THCIC ID: 817100
QUARTER: 2
YEAR: 2010

Certified With Comments

99.28% Thanks

=====

PROVIDER: Doctors Surgery Center at Huguley
THCIC ID: 831600
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified by Becky Hernandez

=====

PROVIDER: Brazoria County Surgery Center
THCIC ID: 835900
QUARTER: 2
YEAR: 2010

Certified With Comments

NPI on Blake is correct, please fix your system, thank you.

=====

PROVIDER: Mainland Surgery Center
THCIC ID: 837900
QUARTER: 2
YEAR: 2010

Certified With Comments

334 Cases Performed

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center Stone Oak
THCIC ID: 839600
QUARTER: 2
YEAR: 2010

Certified With Comments

Due to training and turnover 81%. Currently working to increase scores.

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center Ewing
THCIC ID: 840500
QUARTER: 2
YEAR: 2010

Outpatient Facility Comments, 202010.txt

Certified With Comments

We had Race and Ethnicity errors due to training and turnover. We are working to improve this score.

=====

PROVIDER: Christus Santa Rosa Physicians Ambulatory Surgery Center Alamo Heights
THCIC ID: 840600
QUARTER: 2
YEAR: 2010

Certified With Comments

89.43% due to training and turnover.

=====

PROVIDER: Simmons Ambulatory Surgery Center
THCIC ID: 843300
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with comments

Parkland Health & Hospital System comprises a network of neighborhood-based health centers and Parkland Memorial Hospital, which was established in 1894. The Parkland System is a \$995 million enterprise that is licensed for 968 beds and employs approximately 8,144 staff. Approximately 1,400 patients received outpatient care in the clinics (both on campus and in the neighborhood-based health centers) this quarter.

Specific Data Concerns

As in other large academic medical centers, teams of physicians rotating at intervals care for patients. The THCIC dataset allows only one primary physician to be assigned to the patient for the entire inpatient stay. In our institution, this represents the physician caring for the patient at the time of discharge. Many patients, particularly long-term care patients are actually managed by as many as three to four different teams and attending physicians. For this reason, the practice of attributing patient outcomes to the report card of a single physician may result in misleading information.

=====

PROVIDER: Corpus Christi Endoscopy Center
THCIC ID: 857300
QUARTER: 2
YEAR: 2010

Certified With Comments

The data contained in this report has been reviewed for accuracy.

=====

PROVIDER: CHRISTUS Santa Rosa Physicians Ambulatory Surgery Center
THCIC ID: 917000
QUARTER: 2
YEAR: 2010

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Certified With Comments

99.78%-4 errors

=====

PROVIDER: Seton Medical Center Hays
THCIC ID: 921000
QUARTER: 2
YEAR: 2010

Certified With Comments

Certified with comments

All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files.

These data are submitted by the hospital as their best effort to meet statutory requirements.

=====

PROVIDER: St Lukes Lakeside Hospital
THCIC ID: 923000
QUARTER: 2
YEAR: 2010

Certified With Comments

The data reports for Quarter 1, 2010 do not accurately reflect patient volume or severity.

Patient Volume

Data reflects administrative claims data (Uniform Billing data elements) that are a snapshot of claims that have been billed prior to the reporting deadline. If the encounter has not yet been billed, data will not be reflected in this quarter.

Severity

Not all clinically significant conditions, such as the hearts ejection fraction, can be captured and reflected in the various billing data elements including the ICD-9-CM diagnosis coding system. As a result, the true clinical picture of the patient population cannot be adequately demonstrated using registrations and billing data.

=====

PROVIDER: Dallas IVF
THCIC ID: 929000
QUARTER: 2
YEAR: 2010

Certified With Comments

I have several patients who either do not have SS# or refuse to release them to us... the claims error back to me... Is there anything I can do?

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=====

PROVIDER: MARC ASC
THCIC ID: 932000
QUARTER: 2
YEAR: 2010

Elected Not to Certify

I am unable to certify this data as we are still working through problems with our billing and data entry system. This should be resolved for the 3rd quarter data.

=====

PROVIDER: UTMB Specialty Care Center Victory Lakes
THCIC ID: 952000
QUARTER: 2
YEAR: 2010

Certified With Comments

This facility was opened in Mid May 2010. This is not a full quarter data. There were also some billing lag. Not all records were coded by the time of data submission.